DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10030736-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural patent is sought on the METHOD AND APPAR	e inventior	n entitled:	-		nd for which a
the specification of wh	nich is atta	ched hereto unless ti	ne following box is ch	ecked:	
() was filed on _ Number	and wa	as US Applias amended on	cation Serial No. or P	CT International pplicable).	Application
I hereby state that I hincluding the claims, a disclose all information	nave revie as amende	wed and understood ed by any amendmen	the contents of the	above-identifie e. I acknowled	d specification.
Foreign Application(s) and/o I hereby claim foreign priori inventor(s) certificate listed a filing date before that of the	ty benefits o	under Title 35, United Star ave also identified below a	any foreign application for	any foreign applicat patent or inventor(ion(s) for patent of s) certificate having
COUNTRY	T	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	JNDER 35 U.S.C. 119
				YES:	NO:
				YES:	NO:
Provisional Application I hereby claim the benefit ubelow:	inder Title 3	5, United States Code Sec	ction 119(e) of any United	States provisional	application(s) listed
	APPLI	CATION SERIAL NUMBER	FILING DATE		
APPLICATION SERIAL NUMBER		FILING DATE		STATUS (patented/pending/abandoned)	
POWER OF ATTORNEY: As a named inventor, I he business in the Patent and T Customer	reby appointrademark Of	t the following attorney(s ffice connected therewith:) and/or agent(s) to prose Place Customer Number Bar Code Label here	ecute this application	on and transact al
Send Correspondence to AGILENT TECHNOLOGIE		Direct Telephone Calls	То:		
Legal Department, DL429		Mikio Ishimaru	or _{Parn}	Pamela Lau Kee	
Intellectual Property Administration P.O. Box 7599 Loveland, Colorado 80537-0599		(408) 738-0592	(408	(408) 553-3059	
I hereby declare that a made on information with the knowledge imprisonment, or both false statements may j	and belie that willf . under S	of are believed to be ul false statements dection 1001 of Title	true; and further that and the like so ma 18 of the United Sta	t these stateme de are punisha tes Code and t	ents were madable by fine of hat such willfu
Full Name of Inventor: Rai	Briggs	Citizenship: US			
Residence: 1	1263 W H	lickory Dale Dr., Boise	e, Idaho 83713-1029	-	
Post Office Address: S	am as re	sidence			
Randall Don	Br	·- ` -	November	13,2003	
Inventor's Signature		W.	Date		

(Use Page Two For Additional Inventor(s) Signature(s))

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